FAMILY PROCESS

Why Power Matters: Creating a Foundation of Mutual Support in Couple Relationships

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Research shows that equal power helps couples create intimacy and relationship success. However, though couples increasingly desire equal relationships, cultural models of mutual support are not well developed. Clinicians often approach heterosexual couple therapy as though partners are inherently equal, thus reinforcing unacknowledged gender inequities. This article examines research that shows why power imbalances are destructive to intimate relationships and focuses on four gender-related aspects of mutual support: (a) shared relational responsibility, (b) mutual vulnerability, (c) mutual attunement, and (d) shared influence. Case examples illustrate how socio-emotional attunement, interrupting the flow of power, and introducing alternative relational experience help couple therapists identify and address power disparities in these important relational processes. Encouraging the powerful person to take relational initiative and introducing alternative gender discourse are especially important.

Keywords: Couple Therapy; Gender; Power; Emotional Attunement; Intimacy; Equality

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The notion that couple relationships should enhance the well-being of both partners is a taken-for-granted assumption underlying most couple therapy. When I meet with a couple for the first time, I tell them that I work from the idea that intimate relationships should mutually support each partner and ask if they agree with this premise. I have yet to have someone disagree. Most express considerable enthusiasm when this usually unspoken relationship expectation is brought to the foreground. Yet research (e.g., Coontz, 2005; Gerson, 2010; Knudson-Martin & Mahoney, 2009) shows that few couples actually attain this ideal. Surprisingly, this discrepancy is seldom addressed in couple therapy (McGeorge & Carlson, 2009).

Most approaches to couple therapy proceed *as though* partners bring equal power to the relationship table (Leslie & Southard, 2009; Lyness & Lyness, 2007; Williams & Knudson-Martin, 2012). They offer little guidance for how to address power imbalances—especially when the power differences are covert and related to gender. In this article I argue that the ability of couples to withstand stress, respond to change, and enhance each partner's health and well-being depends on their having a relatively equal power balance; that other

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clinical change is hard to sustain unless therapists assess for and attend to the power processes underlying their relational dynamics.

There are a number of reasons for clinical silence around power differences. First, gendered power differences tend to be difficult to see. Challenging them requires that therapists take an active role in relation to taken-for-granted practices in the larger social context (Almeida, Dolan-Del Vecchio, & Parker, 2008; Jordan, 2009; Knudson-Martin & Huenergardt, 2010; McGoldrick & Hardy, 2008). This means therapists cannot be neutral; not if partners begin from different power positions. Moreover, although relationship ideals have changed considerably over the years, models for how to actually attain egalitarian expectations remain limited (Coontz, 2005; Gerson, 2010; Mahoney & Knudson-Martin, 2009). As a result, couples—and their therapists—do not have a framework from which to determine equality. And, therapists tend to view power as an issue of values or ethics, but may not see its connection to clinical issues (Leslie & Southard, 2009).

The purpose of this study is to review research that helps explain why relationship equality is not only an ideal or ethical value but also a pragmatic clinical concern. I will also share a simple model conceptualizing relational equality and illustrate how our clinical research group at Loma Linda University keeps this model at the center of work with couples. We begin by conceptualizing power from a relational perspective.

POWER IN COUPLE DYNAMICS

Power is relational. It is reflected in how the needs, interests, and goals of partners influence the other. Those in power positions tend to be less aware, less tuned into the needs and interests of their subordinates (Parker, 2009). And—importantly—their power position tends to be rather invisible to them. It is reflected in who notices? Who feels entitled to express their needs or have them fulfilled? Who accommodates or organizes around the other? Who responds to provide care? The less powerful tend to automatically respond and accommodate the other (Mahoney & Knudson-Martin, 2009). As a result, persons may be in a powerful position but not *feel* powerful (Kimmel, 2009).

Distressed relationships tend to be organized around the interests of the more powerful, often without conscious intention (Knudson-Martin & Huenergardt, 2010). Or, partners may be caught in a power struggle in which each tries in vain to influence the other (Fishbane, 2011; Soo-Hoo, 2005). In mutually supportive relationships partners are equally responsive to the other and share responsibility for maintaining the relationship (Beck & Clark, 2010; Knudson-Martin & Huenergardt, 2010). They demonstrate what Fishbane (2011) calls "relational empowerment," utilizing relational skills such as empathy, respect, and generosity to share power and support the well-being of each other and the relationship. They are also likely to apply these skills to create a more relational approach to parenting (Tuttle, Knudson-Martin, & Kim, 2012).

Gendered Power

Feminist family therapists have long called attention to how societal gender inequities are replicated in heterosexual couple dynamics, creating a power imbalance between the partners (e.g., Goldner, 1985; Goodrich, 1991; Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988). Historical gender norms suggest that women are responsible for maintaining relationships and expected to be more available to attend to others. Men are supposed to avoid vulnerability and have the answers. Often, male power comes not from outright acts of domination but from an unacknowledged preeminence of men's priorities, needs, and desires in ways that seem unquestionable or ordinary (Hare-Mustin, 1991; Komter, 1989). Societal-based processes surrounding gendered power appear so natural that they may be taken for granted and invisible to the couple or therapist. Heterosexual

couples maintain or resist these institutional gender arrangements depending on how they habitually respond to each other.

Our research (Knudson-Martin & Mahoney, 2005) found that many heterosexual couples continue to organize around a "gender legacy" of invisible male power. These women and men say that they do not use gender to determine roles and responsibilities, but women end up listening to and accommodating their partners much more than the men. A smaller number of couples, which we labeled "postgender," made conscious efforts to resist stereotypic gender patterns and demonstrated relatively equal accommodation, attending, and status in their relationships.

Understanding power in any particular intimate relationship must include looking at how the greater societal context informs roles, personal entitlement, and expectations regarding relationship responsibility (Knudson-Martin & Huenergardt, 2010; Silverstein & Goodrich, 2003; Wiengarten, 1991). Couples' power dynamics are further complicated by the contradictory nature of multiple contemporary societal discourses which communicate expectations of relational equality on the one hand, and reinforce gender stereotypes and patriarchy on the other (Knudson-Martin & Huenergardt, 2010; Winslade, 2009). Although power may come from many sources, a number of studies suggest that gender may trump money in heterosexual relationships (e.g., Bittman, England, Folbre, Sayer, & Matheson, 2003; Esmiol, 2012; Stone, 2010; Tichenor, 2005); findings show that expectations about male authority and privilege continue to shape power dynamics in relationships where women earn more than their male partners or hold prestigious jobs such as physicians.

Relational Effects of Power

Partners exert power on each other through an "interlocking influence process" (Gottman, 2011, p. 412) intricately connected to emotional experience, communication and conflict management, decision making, personal validation, trust, and intimacy. Research shows that successful couples can be distinguished by their capacity to notice and respond to each other, tune into emotion, and be open to influence (e.g., Gottman & Gottman, 2008; Greenberg & Goldman, 2008; Johnson, 2009; Mirgain & Cordova, 2007). These relational processes are fundamental to couple therapy and connected to individual as well as relational health (Lebow, Chambers, Christensen, & Johnson, 2012). Although typically not mentioned in discussion of these issues, unequal power undermines these foundational relationship capacities.

Steil (1997) investigated the link between marital equality and the well-being of husbands and wives. She found that *both* women and men do better in equal relationships. Her analysis helps to explain why. Steil defined equality in terms of partners' perceptions of their ability to influence the other. Persons who perceived themselves as able to influence their partners used direct influence strategies such as asking for what one wants. Those who perceived less ability to influence tended to use indirect influence strategies such as hinting or trying to set the stage for a positive outcome. When power was equal both partners used direct communication strategies, and this was related to intimacy which predicted increased relationship satisfaction, fewer symptoms of depression, and better overall well-being. Steil's analysis also documented the difficulty heterosexual couples may have in recognizing inequality. Gendered differences in perceptions of entitlement meant that both women and men frequently reported unequal relationships as fair. This was related to depression and anxiety and costly to both partners and to the relationship.

Power issues also influence how partners validate each other's worth (Greenberg & Goldman, 2008). Listening and responding to others demonstrates that they are valuable. It confirms identity. When affirmation and validation is mutual, the relationship supports

the identity of each partner (Sirkin, 2010). Unequal power affirms the dominant person at the expense of the other. According to Greenberg and Goldman, struggles for affirmation may override bids for intimacy and affiliation. Greenberg and Goldman emphasize that to create intimacy, the dominant person must first validate the worth and identity of the other.

A study by Mirgain and Cordova (2007) found that emotional skills relate to marital satisfaction for both women and men; though as expected by gendered socialization and power processes, women were more emotionally skillful than men. Although Mirgain and Cordova did not directly assess power as a relational variable, they found that feeling safe to be vulnerable (their measure of intimacy) mediated the relationship between one's emotional skills and their *partner's* marital satisfaction for both men and women. This fits what Beavers (1985) argued years ago: that unequal power interferes with intimacy because neither partner can feel safe to express vulnerable emotions. The "top dog" cannot show weakness and the "underdog" is afraid to upset her partner. A study of couples seeking marital therapy showed similar results, with both women and men reporting more satisfaction when emotion work in the relationship was shared (Holm, Werner-Wilson, Cook, & Berer, 2001).

Gottman's (2011) recent comparison of distressed and resilient couples emphasizes that the ability to *influence one's partner to respond* is vital to trust and relationship resiliency and that these differences in communication patterns tend to be gendered in distressed heterosexual relationships. He reports that it is particularly important that women can trust that their partners will be responsive to their feelings and concerns rather than stonewalling or turning away; that it must be safe for women to be assertive. Open expression of anger by women predicted happiness in the future. Gottman concludes that accepting influence by men is therefore critical, and involves being open and responsive to her emotional experience.

When Gottman, Coan, Carrere, and Swanson (1998) first conceptualized these communication patterns as *influence* they stimulated considerable controversy (Stanley, Bradbury, & Markman, 2000). Gottman's (2011) updated definition of receiving influence involves emotional attunement and is different than simply "doing what she says" or shared decision making. He describes particularly destructive consequences when men have more power with negative affect. These relationships are more gender stereotypical, with all the burden of relationship repair on the woman.

Attunement and Power

As part of the Contemporary Couples project at Loma Linda University, we set out to study attunement processes in heterosexual couples (Jonathan & Knudson-Martin, 2012). This study is particularly interesting because these couples had previously been coded regarding gender equality. Jonathan, who did the coding around attunement processes, remained blind to how we had previously coded these couples. The results surprised us. Only the 11 couples who had previously been coded "Postgender," those who shared power in the relationship and did not organize around gender differences, demonstrated mutual attunement. These couples reported being able to consistently maintain a sense of emotional connection in which both persons described feeling "understood," "mattered," "respected," and "heard". The gender legacy and traditional couples also desired emotional connection, but they enacted taken-for-granted gender patterns which limited their capacity for sustained emotional attunement.

Jonathan (2009) also studied committed same-sex couples to see how they create equality. Like other studies that find same-sex partners to be generally quite equal (e.g., Connolly, 2005; Gottman, 2011), Jonathan found that both the male and female couples

were very intentional about engaging in activities that facilitate mutual attunement. Whereas traditional gender norms make women responsible for maintaining the relationship, both partners in same-sex relationships took on this responsibility and were attentive to fairness between them. Although same-sex partners sometimes also experienced some power imbalances, especially around raising children and jobs, they tended to be more aware of these discrepancies and the benefiting partner expressed indebtedness and usually attempted to rectify at least some of the imbalances.

In contrast, the heterosexual gender legacy couples fell into unequal relationship patterns with little discussion or conscious negotiation (Knudson-Martin & Mahoney, 2005). Gendered power differences tended to be accepted because they felt "natural" or were attributed to personal characteristics of the partners rather than societal norms. This kind of power tends to be covert and unaddressed, reflected in things such as male partners controlling the topic of conversation, demonstrating limited attention to their partners' interests and perspectives, minimizing issues salient to their partners, and feeling entitled to define what is "real" (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006).

Power imbalances have many destructive consequences, including depression and anxiety, invalidation of identity, and limited emotional attunement and vulnerability. They erode trust, and thwart the mutual responsiveness, communal focus, and shared investment necessary to sustain relationships (Beck & Clark, 2010; Collett, 2010; Stanley, Rhoades, & Whitton, 2010). Power differences also limit flexibility and place excess burden on one person more than the other (Gerson, 2010; Knudson-Martin & Mahoney, 2009). They are directly tied to relationship distress and dissatisfaction (DeMaris, 2007). Struggles for power can be a sign that the less powerful person has not given up. I often tell couples in conflict that I am glad to see that there are two active voices; that this is a good sign.

Relational Power across Cultures

Therapists sometimes hesitate to address gender and power issues with couples from traditional cultures or religions. However, nearly all cultures hold values such as mutual respect, reciprocity, and shared commitment to relationship. There is complexity around gender equality in virtually all societies. For example, we used our Contemporary Couples interview guide with couples in Iran (Moghadam, Knudson-Martin, & Mahoney, 2009). We found that even though the Iranian social structure accords men legal authority over women and children, some participants described a strong sense of mutual support. For example, one couple organized their life around a gendered division of labor, but both husband and wife described relational processes in which he appeared very attentive to her emotionally and highly valued her opinions, not only regarding family issues but in business decisions as well. Many other women in the study reported a desire for more equal relationships, to be heard by their husbands.

Efforts to advance gender equality span the globe (United Nations, 2008). Most women and men in the industrialized West express egalitarian attitudes (Sullivan, 2006). There is also evidence of shifts toward gender equality among many couples in collectivist cultures such as Singapore (Quek, 2009). In fact, Quek found that the "we-consciousness" demonstrated by both women and men in collectivist cultures may help promote mutual attentiveness to the relationship in circumstances such as dual career marriages. Cultures also evolve and change. Many of the Chinese American couples with young children that Quek interviewed demonstrated a new, "we-centered" relational harmony that, in contrast to traditional models of social harmony based on order and hierarchy, prioritized communication and the marriage relationship itself (Quek, Knudson-Martin, Rue, & Alabiso, 2009). Clinical efforts to help couples move toward shared relational power (Fishbane,

2011; Knudson-Martin & Huenergardt, 2010) are thus likely to be relevant to people across many cultures.

A MODEL OF EQUALITY

Power differences are important in couple therapy primarily because they interfere with the flow of attention between partners. Addressing this power imbalance is an important fulcrum for other clinical changes (Huenergardt & Knudson-Martin, 2009). To do so, therapists must position themselves in relation to societally based power processes. This is a social intervention (Jordan, 2009; Knudson-Martin & Huenergardt, 2010).

Since the women's movement, women have been encouraged to overcome domination by developing their assertiveness and strengths. This is important. But this view of equality still leaves out the value of historically feminine qualities of focusing on relationship and attending to others (Jordan, 2009; Lyness & Lyness, 2007). It can result in most of the burden for change resting on women (Knudson-Martin, 1997). At Loma Linda University we have been developing an approach to couple therapy that interrupts power disparities by placing relational equality at the center of assessment and practice.

Our model of relationship equality emphasizes four conditions that facilitate mutual support: shared relationship responsibility, mutual vulnerability, mutual attunement, and mutual influence (Knudson-Martin & Huenergardt, 2010). We refer to this as the "circle of care." The model makes visible power dynamics otherwise obscured by taken-for-granted gender norms or other unaddressed power processes. Our goal is to help couples envision and experience new, mutually supportive ways of relating. We listen for, ask about, and facilitate clinical activity regarding the following and consider how they arise within a particular gender, culture, and societal context.

Shared Relational Responsibility[1]

Shared relational responsibility involves both partners being sensitive and accountable for the effect of their actions on others and taking an active interest in doing what is necessary to maintain their relationship, that is, sharing the load that comes with living life together. It includes relational issues such as addressing the emotional needs of family members, as well as practical matters, such as who cooks and cleans and cares for children. For example, to what extent does each focus on what is needed to maintain or improve the relationship? Who keeps track of what needs to be done in the house? For the children? For the relationship? Who attends to the emotional needs of others in this relationship/family? How entitled does each feel to have own needs met? How responsible does each feel for the relationship? How do concerns for the relationship overall compare with what is good for the self? What societal messages inform expectations regarding relational responsibility and entitlement?

Mutual Vulnerability

Mutual vulnerability involves bringing a spirit of openness, curiosity, and self-honesty to the partnership. When positive vulnerability is valued in the relationship, each partner can experience the other in a flexible, adaptive way that permits space for admitting one's own mistakes and still being accepted and worthy of love. For example, how willing is each to admit weakness, uncertainty, or mistakes in partner's presence? How safe does each

[1]Melissa Wells, a member of the clinical research team at Loma Linda University, was instrumental in helping to develop the descriptions of the four elements of mutual support.

feel to share innermost thoughts and feelings with partner? How able are partners to seek relationship repair by expressing a feeling or concern? Who is most likely to do this? How anxious is each when partner is unhappy or displeased? How do power and position inform feelings regarding letting one's guard down and openness to concerns of others?

Mutual Attunement

Mutual attunement can be seen as each partner being aware of and interested in the needs of the other. This type of awareness contributes to the partner's experience of feeling important and supported in the relationship. For example, how interested is each partner in knowing and understanding the other's experience and perspective? Who listens to the other? To what extent does each partner notice each other's feelings and needs? How do they respond to them? How able is each to respond to partner's negative emotions? To be accepting of them? How do power, privilege, and gender socialization affect attunement processes?

Mutual Influence

Mutual influence is being able to permit one another to make an impression on and have an impact on our thoughts, feelings, and actions. In addition to sharing decision making, it includes willingness to accommodate for the sake of the relationship and being open to being changed by the other. For example, how able is each partner to engage the other in addressing issues of concern to them? How open is each to being influenced? How free does each feel to directly express their opinions or make requests? Whose interests and schedule organize daily schedules and routines? Who is more likely to accommodate to whom? Whose interests are most reflected in major decisions? How do societal expectations effect perceptions of fairness? Influence processes?

PRACTICE GUIDELINES

We take a socio-emotional approach (Knudson-Martin & Huenergardt, 2010) in which power processes are part of the interplay between personal emotional experience, societal discourse, and the couple's interaction patterns (see Figure 1). Examples from sessions with Wes and Serena[2] illustrate how we link what clients are feeling with societal expectations and their unique personal experiences, identify and interrupt the flow of power, and introduce alternative gender discourse that promote mutual support. In heterosexual relationships, this usually means therapists must resist cultural messages that place relationship responsibility and vulnerability on women and, instead, encourage powerful male partners to initiate relational connection.

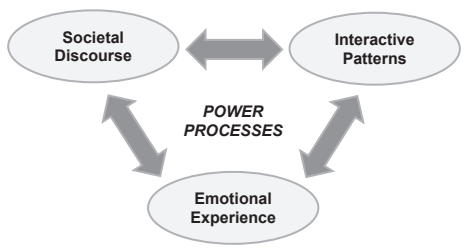

FIGURE 1. Socio-Emotional Context of Power

[2]Names and other identifying information have been changed.

Socio-Cultural Attunement

To engage partners in rebalancing power disparities, each must feel understood and validated. Expanding one's lens to the larger cultural context helps therapists recognize and affirm each partner's socio-contextual identity and attune to the emotions that arise within this context. This helps therapists support the dominant partner emotionally without inadvertently organizing therapy around his definition of the problem (Ward & Knudson-Martin, 2012).

In this session Wes came in upset because Serena had been too busy to talk with him when he wanted her:

Wes *I came home and I said, "Man, I really had a heck of day today. And it was totally past her; like she could care less.*

Serena *Wes knew that I had a meeting to go to… I made dinner for him, but I didn't realize he had this pressing issue that couldn't wait until I got back.*

Note that the therapist's response does not automatically follow the husband's construction of the problem and instead explores how his emotional response is connected to gender expectations regarding who attends to whom and whose time is valuable:

Therapist *So you were expecting that she would be available and listen to you. It was pretty disappointing to you—upsetting—that she had something else to do and wasn't listening to you.*

Wes *Yeah. Yeah! It's not like I ask that much… if she would have cared a whole lot, she'd have given me the time of day.*

Serena *It's not that you're asking; it's as if you're demanding that I forego what I had planned to do to be there for you.*

Therapist *It sounds like it was really important to you to be validated by Serena, to know that you're important to her.*

Interrupting the Flow of Power

After exploring the emotional and contextual meaning of Wes' expectations that Serena be available to him, the therapist then turns to Serena and raises a question that begins to make visible the imbalance of attending in the relationship.

Therapist *Serena, I assume that it's important to you too, to be validated by Wes.*

Serena *Yes. Yes!*

Therapist *Wes, what happens when you're busy? Are you in the habit of stopping what you're doing to listen to Serena when she wants to talk about something that's important to her?*

Wes *(pause) I don't think she ever comes and wants to talk about stuff when I'm engaged in a project.*

Therapist *She doesn't tend to interrupt you?*

Wes *No.*

Therapist *Would she say that she respects what you're trying to accomplish in that moment?*

Serena *nods her head vigorously.*

The therapist details what happens and names and externalizes the power processes involved:

Therapist *It sounds like over time an imbalance has been created, so that you expect her to be available to listen to you, but, Senena, you have stopped expecting him to be there for you… and what you were hoping for, to really be able to connect with him, that power difference between the two of you in who can say what's on their mind and expect to be listened to, is really getting in the way.*

Importantly, the therapist sought to understand and validate the emotional experience of the powerful person, but still hold him accountable. Serena's emphatic nonverbal response illustrates the validation that she feels when we name a process that she experiences but may not have had words to describe or felt safe to express herself. Without a model of equality to guide their responses to situations such as this, many therapists would have followed Wes' definition of the problem and focused on how Serena could be more responsive to him; others may have proceeded as though both partners were equally unresponsive without taking the larger power context into account. Each of these therapist actions would have perpetuated the societal expectation that women be available and left Serena continuing to hold the relationship ball.

Facilitating Alternative Experience

In a qualitative task analysis of Socio-Emotional Relationship Therapy (Williams, Galick, Knudson-Martin, & Huenergardt, 2012) we found that identifying power issues is not enough. In successful change events therapists take actions that introduce an alternative to gender stereotypes and encourage the powerful partner to take the lead in being vulnerable and initiating connection. Prior to the next example, Wes was supported in taking a soft position and he expressed his fear of losing Serena. As is not unusual, Serena responds to Wes's vulnerability by enacting gender messages that women are responsible for men's feelings.

Serena *I never knew how scared he was of losing me, of losing the relationship. And (looks at Wes) I want you to know that I appreciate everything you do for me. You're a good husband. I want to be a better wife for you; I really do!*

Notice how the therapist helps Wes and Serena explore the consequences of these gender messages and introduces an alternative gender discourse:

Therapist *So Serena, I'm hearing you pretty honestly say that you want to make this relationship better. I'm trying to understand why you're [now] so willing to let go of all your [previous] fear and doubt [about the relationship], saying "just tell me what to do."*

Serena *His fear just really shook me.*

Therapist *So when you get in touch with his fear, then you try to fix it for him?*

Serena *Yeah! Yeah!!*

Therapist *Women get taught that they are supposed to take care of men's feelings. And part of Wes' anger is that there's a time when his needs aren't met. But now, we're really asking Wes to initiate things—to connect with you. And that you'll be able to do so in return for him. But that's very different than saying "All these issues that I've had along the way here, I'm just going to set them aside.*

As part of transforming the balance of power in this relationship, the therapist intentionally encouraged Wes to take the lead in engaging with Serena, to take in her concerns and fears. After expressing worry that he did not know how, Wes listens to Serena. The

therapist helps the couple validate their new experience and detail what Wes did to successfully attend to Serena:

Therapist *Did you feel heard by Wes?*

Serena *(softly). Yes, I did.*

Therapist *What did he do that helped you feel heard?*

Serena *The way he looked at me.*

Therapist *He looked at you. (pause) Because he didn't say a lot.*

Serena *(softly) No he didn't.*

Therapist *But you felt heard?*

Serena *I did (to Wes) I really did.*

In this example, the therapist actively supported Wes and Serena in experiencing mutual support based on shared relational responsibility and power. Key therapist actions included (a) interrupting gender stereotypic responses, (b) encouraging Wes to take initiative in attuning to Serena, (c) maintaining gentle pressure on Wes to stay engaged, (d) introducing exceptions to gender stereotypes, (e) helping Wes and Serena break down their new experience to identify what worked, and (f) validating the positive relational consequences of Wes' initiative.

FROM POWER TO RELATIONSHIP

Relational change happens when the person in a powerful position takes a more relational orientation (Fishbane, 2011; Huenergardt & Knudson-Martin, 2009; Silverstein et al., 2006; Williams & Knudson-Martin, 2012). Presenting issues need to be understood within the history and context of the power dynamics between intimate partners and the larger societal context. Keep in mind that the issues that brought the couple to therapy may have resulted in a temporary power shift, such as when a woman expresses lots of anger, has had an affair, or no longer appears interested in the relationship (Ward & Knudson-Martin, 2012; Williams, 2011). The prior underlying power dynamics need to be addressed. Although gender is usually related to power in heterosexual relationships, the damaging effects of power imbalances on relationship are relevant to all couples.

For example, Nicole and Michelle sought therapy with a member of our clinical research team following Michelle's affair (Williams, 2011). At first glance, Michelle appeared to hold power because she had moved out of the house and Nicole seemed most interested in maintaining the relationship. A closer look showed that the affair occurred in context of Michelle's one down position in relation to Nicole:

Michelle *I was really unhappy, I tried talking with Nicole about it but she was always too busy to make changes to our relationship… finally I found someone who would listen to me. (p. 523)*

When the therapist asked the couple about their expectations for a relationship, their power imbalance became more visible. As the powerful person, Nicole believed they were equal:

Nicole *Well, we really strive to be equal partners. This is important for both of us, and always has been.*

But Michelle had a different experience:

Michelle *Sometimes I feel like Nicole and I are not always the same. Sometimes I don't feel like I have the same rights as she does, like the ability to make decisions about our finances because I don't contribute much financially. And then the fact that I am younger makes me feel like Nicole is more experienced than me in many ways. (Williams, 2011, p. 524)*

Making the power difference visible and encouraging Nicole, as the more powerful person, to attune to Michelle helped the couple attain their egalitarian expectations and create intimacy.

CONCLUSION

Most couples seeking therapy want equal relationships but do not have a model for what this would actually look like. Many fall into stereotypic gender patterns which create destructive power imbalances that interfere with the reciprocal flow of attention. The more powerful are less responsive to their partners' feelings and interests; the less powerful have difficulty influencing them and their needs and interests are less likely to be supported in the relationship.

Years ago, Goldner (1985) asserted that good family therapy was not possible if gendered power differences were ignored; that therapists tended not to address these issues for fear of appearing moralistic. The socio-emotional approach suggested here expands the clinical rationale for addressing power imbalances by linking them to the social context of emotion and providing a framework for recognizing them in couple communication processes. We expect that men as well as women hold relational ideals and expectations, but that these may contradict with other aspects of their societally embedded identities (Knudson-Martin & Huenergardt, 2010). Therapists seek to resonate with each partner's emotional experience and how these relate to their societal contexts and power positions.

The socio-emotional approach uniquely attends to the balance of power between partners, inviting the more powerful to take responsibility for relational initiatives. Similar to Fishbane (2011), we encourage those in power positions to engage with their partners from a relational orientation. Although, like Gottman and Gottman (2008), our approach emphasizes that it is important for the powerful person to respond to relational bids even when presented as complaints, we are careful to not place primary responsibility on the less powerful person to soothe the other. Instead, we encourage less powerful voices and support their partners to hear and take in their pain or anger.

The socio-emotional approach also draws on social constructionist practices (e.g., Anderson, 2012; Winslade, 2009) to create new experience that overcomes dominant societal discourses such as those that maintain patriarchy. We extend Anderson's collaborative stance reducing power differentials between therapists and clients to include the relationship between the couple themselves. Rather than teach skills or tell partners what they should do, the therapist's role is to facilitate the conditions that enable partners to relate to each other from equal positions. Therapist leadership that actively counters societally based power imbalances and introduces alternative gender discourses into the clinical process empowers couples to actualize their egalitarian ideals and create relationships less bound by gendered power structures (Williams et al., 2012). As couples define what mutual support looks like for them, they establish a foundation from which to address other important issues.

Creating a foundation of mutual support may thus be an important mediator of clinical change and a core intervention principle that facilitates good outcomes across models (e.g., Gurman, 2011). Future research should continue to investigate how attention to power differences influences process and outcome in couple therapy.

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